

Governor's Mentoring Initiative

"One Hour a Week...One Life Changed Forever"

I PLAN TO VOLUNTEER FOR:

Organization's Name: _____
Contact Person: _____ Phone _____
Address: _____ City _____
State: _____ Zip: _____ E-mail: _____

MY PLANS TO MENTOR:

I plan to contribute the following number of hours per week with my mentee or in mentoring related activities (includes tutoring and training, etc.): _____ hours

My commitment to be involved in a young person's life will be for at least

(Circle one):

6 months 1 year 2 years Other _____

☐ **Yes, I plan to use one hour of flex time per week to volunteer as a mentor in my community!**

By checking this box, you indicate that you plan to use one hour of flex time to mentor and understand all provisions around using flex time. Any additional time required for your commitment to become a mentor, beyond one hour per week, must be completed on your personal time. You also indicate that you are aware that your supervisor must approve any use of flex time. His/her signature below indicates that you have received his/her approval to use flex time as you mentor in your community.

Name of Supervisor: _____

Title: _____ Phone Number: _____

Signature of Supervisor: _____ Date: _____

☐ **No, I do not plan to use flex time.** (Note: You do not need to use flex time to participate in the Governor's Mentoring Initiative)

By signing below, you also understand that any activity completed during flex time is completed on your personal time, and not State time. Further, by signing here, you release the State of Arizona from any liability that may be associated with your activities related to the Governor's Mentoring Initiative.

Your Signature: _____ Date: _____

By filling out this form, you indicate that you would like to become a part of the Governor's Mentoring Initiative by becoming a mentor to a school-aged youth in Arizona.

Yes, I have made the commitment to become a mentor to a youth in Arizona!

Check one:

☐ I am a new mentor ☐ I am already serving as a mentor

I have mentored since _____ (date)

MY CONTACT INFORMATION:

Name: _____

State Agency: _____

Phone: _____ E-mail: _____

Address: _____

City/State/Zip: _____

When completed, please mail or fax to:

Governor's Office, Attn: Governor's Mentoring Initiative

1700 W. Washington Street, Suite 101

Phoenix, AZ 85007

Fax (602) 542-3423

Questions? Call 602-542-3426 or e-mail ascottthomas@az.gov